

Statement of Organization  
Recipient Committee

Statement Type ☐ Initial ☒ Amendment ☐ Termination – See Part 5

☐ Not yet qualified  
or

☐ Date qualified as committee

07 / 03 / 17

Date qualified as committee  
(If amending to provide this date)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of termination

Costa mesa ck

Date Stamp  
**RECEIVED AND FILE**  
in the office of the Secretary of State  
of the State of California  
JUL 27 2017

**CALIFORNIA FORM 410**  
For Official Use Only  
JUL 28 2017

REGISTRAR OF VOTERS  
By \_\_\_\_\_ Deputy \_\_\_\_\_

1. Committee Information

I.D. Number (if applicable)

1397432

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Foley for Mayor 2018

NAME OF TREASURER

Kimberlee Belli

STREET ADDRESS (NO P.O. BOX)

1600 Dove Street, Suite 101

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-502-8800

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Katrina Foley

STREET ADDRESS (NO P.O. BOX)

1600 Dove Street, Suite 101

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-502-8800

STREET ADDRESS (NO P.O. BOX)

1600 Dove Street, Suite 101

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-502-8800

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

campaign@katrinafoley.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Costa Mesa

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

7/19/17

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

7/20/17

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Foley for Mayor 2018

I.D. NUMBER

1397432

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
First Bank	949-476-3255		
ADDRESS	CITY	STATE	ZIP CODE
4301 MacArthur Boulevard	Newport Beach	CA	92660

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Katrina Foley	Mayor for Costa Mesa	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>